



Customer's Purchase Order Number
Attach Original Purchase Order

Complete Street Address (Include Apt/Ste #). PO Box or Rural and RR Box

ZIP + 4 Code

Foreign Country Name (When Applicable)

Area Code

Phone Number

1. Enter the quantity of Five-Digit ZIP Code directories desired in the blocks below. Multiply by the prices shown and enter the purchase amount(s).

c. Cases (8 sets soft-bound per case) X \$248.00 per case = \$

2. Add the purchase amounts in block 1a, 1b, and 1c and enter the sum here.

TOTAL
PURCHASE AMOUNT

\$

3. You may claim a maximum discount of \$1 for each discount coupon from inside the front cover of out-of-date National Five-Digit ZIP Code directory. (Do not send more coupons than the number of directories you are ordering). Multiply the number of enclosed coupons by 1 (one) and enter the amount here.

DISCOUNT

\$

SUBTOTAL

4. Subtract the discount in step 3 from the purchase amount in step 2 and enter the result in the **Net Price** column.

\$	
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5. For faster delivery, we offer Express Mail shipping (optional). For pricing call 1-800-238-3150.

EXPRESS MAIL

\$

6. Add the express mail cost in step 5 to the subtotal in step 4. This is your amount due. Make check or money order payable to "United States Postal Service". _____
Returned checks will incur a \$20.00 fee.

AMOUNT DUE

\$

7. Indicate the method of payment in the box provided and mail this form, with your payment and coupon(s) to:

ACCOUNTS RECEIVABLE
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
6060 PRIMACY PKWY STE 201
MEMPHIS TN 38188-0001

NOTE: Copies reproduced from this form may be used for ordering additional directories. Orders will generally be filled within four weeks after mailing. However, additional time may be required during certain periods. Prices subject to change without prior notice. Customers who need assistance may call 1-800-238-3150. Fax 901-681-4409.

Payment Method

Make check or money order payable to "UNITED STATES POSTAL SERVICE"

☐ Check
 ☐ Money Order
 ☐ Visa
 ☐ MasterCard
☐ Discover
 ☐ Diner's Club
 ☐ American Express

Card #

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Card expiration date: ____ / ____ **T.I.N.:** _____

Authorized Personnel (please print)

Signature

The signature above accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.

For USPS Use:

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